Approved for use through 06/30/2010, OMB 0651-0032

Under the Paperwork Reduc	tion Act of 199	5 no persons are re-	quired to re				PARTMENT OF COMMERCE a a valid OMB control number		
Effe		Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 09/505,915					
FEE TF	(AN	SIVIII I /	AL	Filing Date	Fe	bruary 17, 2000	)		
For FY 2009			First Named In	ventor Ro	Ronald A. Katz				
				Examiner Nam	ie W	Woo, Stella			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	26	2614			
TOTAL AMOUNT OF PA		Attorney Docke	et No. 60	. 6046-101D8					
METHOD OF PAYMEN	NT (check a	II that apply)							
Check Credit Card Money Order None Other (please identify):									
The content of the co									
✓ Deposit Account Deposit Account Number: 50-1636 Deposit Account Name: A2D, L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
٠ ٠ ٠	✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEA									
	FILING	FEES Small Entity	SEAF	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Fee Description Fee (\$) Fee									
Fee Description Each claim over 20	Fee (\$) 26								
Each independent cl			ues)			220	110		
Multiple dependent	claims					390	195		
Total Claims							pendent Claims		
- 20 or HP = HP = highest number of tot		X				Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Clai			Paid (\$)					
- 3 or HP =		_ x							
HP = highest number of ind		ns paid for, if greater	than 3.						
<ol><li>APPLICATION SIZE If the specification an</li></ol>	d drawings	exceed 100 shee	ets of pa	per (excluding	electronica	illy filed sequen	nce or computer		
						nall entity) for	each additional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 =		/50 =		_ (round <b>up</b> to a	whole numb	er) x			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Extension of Time (\$865)							\$865.00		
SUBMITTED BY									

SUBMITTED BY							
Signature	/Reena Kuyper/	Registration No. (Attorney/Agent) 33,830	Telephone (310) 247-2860				
Name (Print/Type)	Date November 11, 2009						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USFFO in porcess) an application. Confinentially is governed by \$5 U.S. CI. 240 at 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFFO. Time will vary depending upon the individual case. Any comment on the amount of the regular regular